Partner and Family-Based Index
Case Testing
A Standard Operating Procedure (SOP)
Progress toward the first 90, 2015

In 2015, 43% of PLHIV still remain undiagnosed worldwide

Current HTS approaches not enough to get to 90

More testing ≠ More people with HIV identified

Partner notification an effective strategy for identifying new cases of HIV infection

In 2015, 43% of PLHIV still remain undiagnosed worldwide. 57% of PLHIV were diagnosed, 46% were on ART, and 38% were on ART & virally suppressed.

Source: UNAIDS, 2016 – based on 2015 measure derived from data reported by 87 countries, which accounted for 73% of people living with HIV worldwide; 2015 measure derived from data reported by 86 countries. Worldwide, 22% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.
What Is Index Testing?

- **Index client:** an individual newly diagnosed as HIV-positive and/or an HIV-positive individual who is enrolled in HIV treatment services.

- **Index testing:** voluntary process where counsellors and/or health care workers ask index clients to list all of their: (1) sexual or injecting drug partners within the past year, and (2) children.

- All index testing must meet **5Cs** and be consensual, confidential, and include counseling, correct test results and connection to treatment or prevention services.

- If the index client agrees, each listed partner and child is: (1) contacted, (2) informed that they have been exposed to HIV, and (3) offered voluntary HIV testing services (HTS).

- Goal of index testing is to break the chain of HIV transmission by offering HTS to persons who have been exposed to HIV and linking them to:
  - HIV treatment, if positive, or
  - Prevention services (e.g. VMMC, PrEP, condoms), if negative.
What Is the Difference Between Household Testing and Index Testing?

- **Household testing**: we test everyone in the household of the index partner

- **Index testing**: we focus on offering HIV testing to everyone exposed to HIV by the index case; we test other household members if they request a test

- For reporting into the MER:
  - **Index**: Only count individuals tested in the household/community who had a known exposure to an index case (e.g. they are a sex or drug using partner or the biologic child of an HIV-positive woman)
  - **Other community**: Testing of persons who have not had exposure through an index case, such as neighbors or family members not born to an index case, should be counted under “other community”
## Why Offer Index Testing?

<table>
<thead>
<tr>
<th>Index Client</th>
<th>Partners/Children of Index Client</th>
<th>Community</th>
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<tbody>
<tr>
<td>• Provide support to PLHIV to assist them in getting their partner(s) and child(ren) tested for HIV</td>
<td>• Maximizes the proportion of partners/children who are notified of their exposure to HIV</td>
<td>• An effective case finding strategy</td>
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<td>• Takes the onus off of the index client as the sole person responsible for the notification</td>
<td>• Allows HIV-exposed partners and children to get tested for HIV</td>
<td>• Reduces future rates of transmission by aiding in early diagnosis and treatment partner(s) and children found to be HIV-positive</td>
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<td>• Allows HIV-positive partners and children to access HIV treatment to reduce HIV-related disease and mortality</td>
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Partner testing: An Effective Case Finding Strategy

Several trials have demonstrated that index partner testing can: (1) increase uptake of HTS and (2) identify partners with undiagnosed infection (yield ranges from 35-62%), with no reports of serious intimate partner violence (IPV).

Scale-Up and Case-Finding Effectiveness of an HIV Partner Services Program in Cameroon: An Innovative HIV Prevention Intervention for Developing Countries

Addressing the First 90: A Highly Effective Partner Notification Approach Reaches Previously Undiagnosed Sexual Partners in Tanzania

HIV partner notification is effective and feasible in sub-Saharan Africa: Opportunities for HIV treatment and prevention

Recruiting male partners for couple HIV testing and counselling in Malawi’s option B+ programme: an unblinded randomised controlled trial
DAPP/TCE Program in Namibia

Step 1: Elicitation in the facility by PNS facilitator...

Step 2: One-on-one counselling in community...

Step 3: Home-based HIV testing
Partner Testing Is Effective Case Finding Strategy for All Ages and Gender in Namibia

HIV Test Yield by Age, Sex and Testing Modality (Q1, FY17)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
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<th>20-24 yrs</th>
<th>25+ yrs</th>
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<td>Index testing</td>
<td>12.5%</td>
<td>13.2%</td>
<td>14.2%</td>
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<tr>
<td></td>
<td>In-patient PITC</td>
<td>12.6%</td>
<td>11.8%</td>
<td>9.6%</td>
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<tr>
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<td>Routine PITC</td>
<td>5.2%</td>
<td>5.6%</td>
<td>5.5%</td>
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<tr>
<td></td>
<td>Home-based testing</td>
<td>0.9%</td>
<td>3.1%</td>
<td>4.1%</td>
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<tr>
<th>Age</th>
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Kenya’s Partner Services with Key Populations

- CDC-Kenya has implemented partner services on a small scale in recent months with a focus on HIV+ key populations (see next slide for results)
- In September 2017, CDC-Kenya will conducting partner services training for their implementing partners who conduct HTS among key populations
Index Partner Testing
Sharing preliminary program data from Kenya

Partner Notification Services
Testing among Key Population (Oct 16 – June 17)

- MSM Q1: 25 Tested, 6 Positive (24%)
- FSW Q1: 40 Tested, 8 Positive (20%)
- PWID Q1: 0 Tested, 0 Positive
- MSM Q2: 29 Tested, 13 Positive (23%)
- FSW Q2: 56 Tested, 13 Positive (23%)
- PWID Q2: 0 Tested, 0 Positive
- MSM Q3: 110 Tested, 42 Positive (38%)
- FSW Q3: 43 Tested, 10 Positive (23%)
- PWID Q3: 0 Tested, 0 Positive

This chart illustrates the testing and positive case percentages among different key populations across various quarters.
Traditional Partner Testing vs. Assisted Partner Testing

• Traditional Partner Testing Approaches:
  - **Client Referral** = the index client takes responsibility for disclosing their HIV status to partner(s) and encouraging partner(s) to seek HTS. This is often done using an invitation letter or referral slip.

• Innovative Assisted HIV Partner Testing Approaches:
  - **Contract Referral** = the index client enters into a “contract” with the counsellor and/or health care provider whereby he or she agrees to disclose their HIV status to their partner(s) and refer them to HTS within a certain time frame. If partner(s) do not access HTS within this period, counsellors/providers contact the partner(s) directly to notify them that they may have been exposed to HIV. Counsellors/providers offer voluntary HTS to partner(s) while maintaining the confidentiality of the index client.
  - **Provider Referral**: With the consent of the HIV-positive index client, the counsellor/provider directly contacts the client’s partner(s), informs them that they have been exposed to HIV, and offers them voluntary HTS while maintaining the confidentiality of the index client.
  - **Dual Referral**: A trained provider sits with the HIV-positive client and his/her partner(s) to provide support as the client discloses his/her HIV status. The provider also offers voluntary HTS to the partner.
Principles of Partner Services

- Client centered and focused
- Confidential
- Voluntary and non-coercive
- Free
- Non-judgmental
- Culturally, linguistically, appropriate
- Accessible and available to all
- Comprehensive and integrative
What is Confidentiality?

- **Confidentiality** = protection of personal information.
- You need to give your client an assurance that what is said will be in confidence (that it will stay secret between you and the client) because, unless you are able to do that, the client is unlikely to be open with you.
- It is our duty to never reveal the information that clients tell us without our client’s consent.
- Both the confidentiality of the index client and all named partners and children should be maintained at all times.
- The identity of the index client should never be revealed to the partner(s).
- And no information about partners should be conveyed back to the index client (unless explicit consent from all parties is obtained).
What Personal Information Should Be Kept Confidential?

- Information that would allow others to identify the index client
  - Their name, date of birth, address, phone number, etc.
- Their HIV diagnosis and treatment plan
- Anything they talked about during their interview and/or clinical exam
How do we maintain the confidentiality of patient information?

• **Physically Secure Environment:** Partner services information and data should be maintained in a physically secure environment (e.g. locked filing cabinets).

• **Technically Secure Environment:** Electronic partner services data should be held in a technically secure environment, with the number of data storage and persons permitted access kept to a minimum (e.g. password protected computers).

• **Individual Responsibility:** Individual partner service staff authorized to access case-specific information and data are responsible for protecting it (e.g. requiring staff to sign patient confidentiality agreements).
What is shared confidentiality?

• Sometimes, two organizations like a health facility and a community implementing partner may share a clients’ personal information in order to provide care.

• For example, the facility may interview the index client to get the name of his or her partner. The facility then shares the name of this partner with the community organization who goes out to the partner’s home and provides HIV testing services.

• Both the facility and community partner must “share the confidentiality” of the client’s information.

• They should have a data sharing agreement which includes a description of how they will maintain the confidentiality of client information.
Is this a breach in confidentiality?

• Your client, Alice, names two partners “John” and “Isaac”. When you contact “Isaac”, he demands to know which of his partners gave his name. You say, “By law, I am not allowed to provide that information.”

• You are counseling Thomas, who has just learned that he is HIV-infected. Thomas has agreed to participate in Partner Services and names Sarah as a partner. You recognize Sarah’s description and recall she has already been tested for HIV. You tell the patient not to worry; this partner “has already been taken care of.”
Is this a breach in confidentiality?

• Victoria, a pregnant mother in the PMTCT program, gives you the name of her partner. You test him in his home and find that he is HIV-positive. The next time Victoria comes for her antenatal care appointment she asks you if you tested her partner and what his result was. You remind her of the strict confidentiality policies at the clinic and tell her that you can not reveal her partner’s HIV status.

• You are attempting to contact a partner of an index client. You reach the person’s voice mail and leave a message that says, “My name is Amy from Kanyama Clinic and I have important and urgent health information to discuss with you.” You include your contact information and close by asking him to contact you as soon as possible.
Communication is key to the success of index testing services

Interviewing is at the center of partner services, and effective interviewing can only happen when good communication skills are used.

Good communication depends on:

1. Appropriate non-verbal messages
2. Appropriate verbal messages
3. Effective listening
Communicating Well with Our Clients

• **Welcome** your clients
• **Encourage** your clients to talk
• **Look** at your clients
• **Listen** to your clients
10 Communication Skills

1. Demonstrate Professionalism
2. Establish Rapport
3. Listen Effectively
4. Use Open-Ended Questions
5. Communicate at the Patient’s Level
6. Give Factual Information
7. Solicit Patient Feedback
8. Use Reinforcement
9. Offer Options, Not Directives
10. Use Appropriate Nonverbal Communication
Considerations for Offering Index Partner Testing Services

When Should These Services Be Offered?:
• Index Testing Services are NOT a one time event but should be offered continually:
  • Introduce basic partner notification services concepts and benefits at pre-test information or counseling
  • Immediately after HIV diagnosis
  • At least annually as part of HIV treatment services
  • After a change in relationship status

Who Should Offer Index Testing Services?
• Partner elicitation can be done by an HTS counsellor, a nurse or nursing assistant, a linkage coordinator, a patient navigator, or a case manager.
• Individuals should receive training how to conduct index testing services

Where Should Partner/Family Testing Services Be Offered?:
• At all facility-based HIV testing service delivery points (e.g. co-located VCT, ANC, TB, etc.)
• At all facility-based HIV treatment sites (e.g. PMTCT, ART, etc.)
• As part of all community-based HIV testing programs (e.g. mobile, home, workplace, etc.)
Other Considerations for Offering Partner Testing Services

- **To improve access**, partner(s) and child(ren) of index clients should be offered the option of coming to the **health facility for an HIV test** or having a counsellor/health worker **test the partner(s) and children in the community** (through home or mobile testing).

- **To address stigma concerns and avoid breaching the confidentiality of the index client**, consider **offering HTS to all the households around the index client’s household**. Inform these households that you are offering home testing due to the high burden of HIV within the community.

- **In high prevalence areas**, you may want to consider offering **HIV-negative pregnant and breastfeeding women** partner notification services due to the high risk of mother-to-child HIV transmission associated with incident HIV infection. Couples HTS should continue to be offered to all ANC attendees.

- When a partner tests HIV-positive, he/she becomes a **new index patient**, and the process starts over from the beginning.
Additional Considerations for Partner Testing Services

• Partner testing services require trained personnel and resources to conduct index case interviews, partner notification and testing services, and linkage; the human and financial costs of partner testing services should be considered to ensure they are adequately resourced.

• Appropriate security and confidentiality procedures should be put in place BEFORE starting partner testing services to protect the safety of the index client, all named partners, AND the providers of partner testing services.

• As with all HIV testing services, partner testing service should create strong referral linkages with:
  • HIV treatment programs for individuals testing HIV-positive.
  • HIV prevention services (including condoms, male circumcision, and pre-exposure prophylaxis) for individuals testing HIV-negative.
Anonymous vs. Confidential Notification of Partners

• Partner notification does **NOT** require the index client to disclose his/her HIV status to the partner(s)

• Partner notification can be done anonymously, if desired by the client

• In cases where the index client does not immediately want to disclose HIV serostatus to the partner, options for anonymous notification of partners should be provided.

• Examples include:
  o Provider referral (where the provider notifies the partner that they have been exposed to HIV and offers them an HIV test)
  o Leveraging community health workers to direct HIV services to households or neighborhoods where partners live.
How to Prioritize Index Testing Services

• Sometimes, we may have more index cases than we can trace with our existing personnel.

• Suggestions for prioritizing which partners to trace first:
  • The index case is in acute infection and/or has a high viral load (use Asante assay to identify recent sero-converters)
  • Index case or the partner is pregnant or breastfeeding
  • Index case reports high risk sexual behavior:
    • Recent unprotected sex with partner
    • Large number of sex partners
    • Large age difference between partners (particularly for adolescent girls)
**Steps for Index Partner Testing Services**

1. **Step 1**: Introduce Index Partner Testing Services to the Index Client during pre-test session
2. **Step 2**: Obtain a list of sex and needle-sharing partners
3. **Step 3**: Screen all named partners for intimate partner violence (IPV)
4. **Step 4**: Determine the preferred method of partner notification for each named partner and record on Partner Information Form
5. **Step 5**: Contact all named partners using the preferred approach
6. **Step 6**: Record partner notification outcomes on the Outcome of Partner Testing Form
7. **Step 7**: Provide appropriate services for seroconcordant/discordant partners or work to support disclosure

**Use Index Partner Testing Talking Points** to introduce partner testing to the index client and complete Index Client Information Form

- Use the Partner Elicitation Form to record partner(s)’ names and contact information
- Use the Partner Information Form to document results of IPV screening and preferred partner notification method. Complete one form for each named partner
- Exclude partners posing a high risk of IPV; refer index client to IPV services where available and discuss other options for disclosure.

**Client Referral**: Coach client on disclosure; Provide “Tips for Telling Your Partner about HIV” and referral slip

**Contract Referral**: Provide referral card and disclosure script; agree that client will refer partner for HTS within 30 days

**Provider Referral**: Initiate partner contact attempts using telephone and home visit scripts

- Was partner successfully contacted?
  - Yes: Record successful partner contact (including HIV status) on Outcome of Partner Testing Form
  - No: If Contract Referral, initiate provider referral after 30 days; otherwise record unsuccessful contact on Outcome of Partner Testing Form

**Dual Referral**: Coach client on joint disclosure; Make a plan for when and where joint disclosure will take place; Offer HTS to partner.

**Client Referral**:
- Coach client on disclosure;
- Provide “Tips for Telling Your Partner about HIV” and referral slip

**Contract Referral**:
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- Agree that client will refer partner for HTS within 30 days

**Provider Referral**:
- Initiate partner contact attempts using telephone and home visit scripts

**Dual Referral**:
- Coach client on joint disclosure;
- Make a plan for when and where joint disclosure will take place;
- Offer HTS to partner.
During pre-test information/counseling, providers should:

**Explain the importance of ensuring that all partners get tested for HIV.**
- HIV-positive partners can start on HIV treatment to keep them healthy and reduce risk that they will pass HIV to other sex partners and/or children.
- HIV-negative partners can access HIV prevention services to help them remain HIV-negative, including condoms, pre-exposure prophylaxis (PrEP), and male circumcision.

**Inform the index client that:**
- The clinic is offering Index Partner Testing Services to assist the client to contact their partners so that these partners can learn their HIV status.
- The service is offered because we know disclosure of HIV status to partners can be difficult. Notification may be provided anonymously, with disclosure at a later time.
- You will ask the client to list the names of all persons they have had sex with, including people they may have only had sex with one time. If there are also persons the client has shared needles with, you will also ask for their names.
- You will also ask for the names of any child(ren) who may need an HIV test.
Step 1: Introduce Index Partner Testing Services to the Index Client

During post-test counselling and/or counselling in the HIV clinic:

• Remind the client of the importance of partner testing using information from the previous slide
• Inform the client that there are 4 options for contacting their partners using “Options for Notifying Your Partner about HIV Testing” Job Aid:
  1. Client can contact the partner themselves to let them know they should be tested for HIV;
  2. Client can bring the partner to the facility for an HIV test;
  3. Client can enter into a contract with a provider to contact the partner within 30 days. If the partner has not been tested by the end of 30 days, the counsellor/provider will contact the partner;
  4. The counsellor/provider can contact the partners directly, without telling them the client’s name (this will be done anonymously).
• If the client chooses option (3), they will have 4 weeks to bring in or refer their partner for HTS.
  • If the partner does not come in for HTS after 4 weeks, then the counsellor/provider will contact the partner.
Options for Notifying Your Partner about HIV Testing

**Client Referral** = You tell your partner about your HIV and encourage him or her to come to the health facility for an HIV test.

**Provider Referral** = A counsellor or other health care provider will call or visit your partner and inform them that they need to test for HIV.

**Contract Referral** = You and the counsellor will work together to notify your partner. You will have 30 days to tell your partner. After which, the counsellor will contact your partner.

**Dual Referral** = The counsellor/provider will sit with you and your partner and support you as you tell your partner about your HIV.
Inform the index client that:

- All information will be kept confidential. This means that:
  - Partners will NOT be told the index client’s name or test results.
  - The index client will NOT be told the HIV test results of their partner(s) or whether or not their partner(s) actually tested for HIV.
- You will NOT contact the partner without their permission.
- They will continue to receive the same level of care at this health facility regardless of whether they choose to participate in index partner testing services.

Answer any questions that the index client might have and obtain verbal consent to continue.

Use the Index Client Form to record contact information for the index client.
**Index Client Information Form**

*Complete one form per index client*

**Instructions:** Complete this form while interviewing the HIV-positive index client who has verbally agreed to receive index partner testing services.

Date form completed (dd/mm/yyyy): _______/_____/__________

Name of Person Completing Form:

Name of Health Facility or HIV Testing Site:

**INFORMATION ABOUT THE INDEX CLIENT**

Index Client’s Name (Last, First, Middle):

DOB (dd/mm/yyyy): ____________  Age: ____________ Yrs.

Gender:  □ Male  □ Female  □ Transgender (Male to Female)  □ Transgender (Female to Male)

Marital Status:  □ Single  □ Engaged to be married  □ Married/cohabitating-monogamous

□ Divorced  □ Widow/widower  □ Married-polygamous: # wives ______

Client’s Personal Cell Phone Number:

Alternative contact number (if available):

Address (including any landmarks, e.g. next to the church):

Date of HIV Diagnosis: (dd/mm/yyyy): ____________

Is the index client currently enrolled in an HIV treatment program?  □ Yes  □ No

If yes, name of health facility:

If yes, list the index client’s ART enrollment number:

For women: How many children age 12 or under does the index client have? _________

How many of these children need to be tested for HIV? _______
Step 2: Obtain List of Sex/Needle Sharing Partners

- Ask the index client to tell you the names and contact information of all the persons they have had sex with in the last 12 months.
  - Begin, by asking the index client to name their main sex partner. Then ask if there are any other partners that they can remember having sex with in the last 12 months.
  - Or you may wish to start by asking about the most recent sex partner and working backwards in time (e.g. who is the last person you had sex with? Who was the person you had sex with before that?).
  - Encourage the client to list names and contact information for main partner(s) as well as casual partner(s), even if they only had sex one time.
  - If client injects drugs, ask that they also tell you the names and contact information for any persons they have shared needles with.
- Use the Partner Elicitation Form to record all the partner(s)’ names.
- For each named partner, complete a Partner Information Form
  - Use this form to record the partner’s contact information, to screen for IPV, and to establish a plan for how each partner will be contacted.
**Partner Elicitation Form**

*Complete one form for each index client*

**Instructions:** Ask the index client to tell you the names of all the people they have had sex with in the past 12 months, including both main/married partners and casual/unmarried partners. If the client injects drugs, ask them to also tell you the names of their injecting drug use partners. You may wish to start with the main sex partner and then ask about other partners, or you may wish to start by asking about the most recent partner and working backwards in time.

<table>
<thead>
<tr>
<th>List names(s) of partners (Tick □ if name is unknown)</th>
<th>Phone Number</th>
<th>Alternative Phone Number</th>
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<tbody>
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Partner Information Form

Instructions: Ask the client to give you as much information as they can about each of the partners they named on the partner elicitation form.
Write “N/A” for any information not available.
After completing a separate form for each contact, file all completed forms in the client’s folder or medical chart.

Partner’s Name (Last, First, Middle):

Partner’s Nickname:

Partner’s DOB (dd/mm/yyyy): ____________ Partner’s Age: ____________ YES.

Partner’s Gender: □ Male □ Female □ Transgender

Partner physical description:

Partner’s Address (including any landmarks, e.g. next to the church):

How would you describe your relationship to this partner?
□ My wife/husband/fiancé □ We live together but are not married
□ My girlfriend/boyfriend □ Someone I had sex with for fun
□ Someone who pays me or gives me things to have sex with her/him
□ Someone I paid to have sex with

Do you currently live with this partner? □ Yes □ No □ Declines to answer

As far as you know, has this partner ever tested positive for HIV?
□ Yes □ No □ Don’t know □ Declines to answer

If yes, is this partner currently taking medications for HIV?
□ Yes □ No □ Don’t know □ Declines to answer
SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV)

Because your safety is very important to us, we ask all clients the following questions:

1. Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?
   - Yes  ☐  No  ☐

2. Has [partner’s name] ever threatened to hurt you?
   - Yes  ☐  No  ☐

3. Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?
   - Yes  ☐  No  ☐

DETERMINE PARTNER TESTING PLAN

Instructions: Show the “Options for Getting Your Partner Tested” card to the index client and review the 4 options. Ask the client, which option they would prefer and record their chosen option below. If the client chooses “contract referral”, record the date (30 days from today’s date) by which the partner should come for HIV testing services. If the client chooses “dual referral”, record the date when the joint disclosure session will occur.

Index Client’s Plan for Notifying This Partner:

☐ Client Referral: Index client will notify partner

☐ Provider Referral: Health care providers will notify the partner

☐ Contract Referral: Both the index client and health care provider will notify the partner.
   The index client will first try notifying the partner no later than ___ / ___ / ___ ___ .
   After which the provider will contact the partner (with permission from the index client).

☐ Dual Referral: The index client and health care provider will jointly notify the partner.
   This joint session will occur on ___ / ___ / ___ ___ .

☐ Partner Testing not recommended at this time due to safety concerns.

☐ No Partner Testing needed, partner is known positive.
Step 3: Screen for Intimate Partner Violence

• Our first duty as health care providers is to do no harm. To protect the safety of the index client, partners who pose a risk of IPV may need to be excluded from partner notification services.

• Each named partner should be screened for IPV using the 3 screening questions on the Partner Information Form. These questions include:
  1. Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?
  2. Has [partner’s name] ever threatened to hurt you?
  3. Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?
Step 3: Screen for Intimate Partner Violence

- If the client answers “yes” to any of the screening questions, discuss further and assess the risk of harm to the client.
- Index partner testing may continue unless you have a strong reason to suspect notifying this partner may result in physical harm to the index client.
- If the safety of the index client can not be assured, it may not be appropriate to contact this partner at this time.
- Explore alternatives to partner notification with the index client. Examples include:
  - community testing in the area where the partner lives, or
  - couples testing, where both partners learn their status together, and a counsellor is available to help mediate any potential tension.
- Refer the client to IPV services, where they are available.
STEPS 4 & 5: DETERMINE PARTNER TESTING PLAN AND BEGIN CONTACTING PARTNER(S)

- Review the 4 options for partner notification using “Options for Notifying Your Partner about HIV Testing” card.
- Document the chosen referral method for each listed partner on the Partner Information Form.
- If the client chooses client referral:
  - Review the “Tips and Scripts for Telling Your Partner about Your HIV”.
  - Allow the index client to practice saying the script until they feel confident that they can say the words.
  - Brainstorm some questions that their partner might have and help the client determine some possible answers.
  - Give them the Referral Slip which explains why it is important for the partner to test for HIV and includes information on where and how to test for HIV.
  - Instruct the client to give the referral slip to their partner(s) at the end of their conversation.
  - Set an appointment with the index client in one month to follow up and confirm that the partner(s) have been tested.
Tips and Scripts for Telling Your Partner about HIV Testing

Make a Plan:

- Many people are afraid of telling their partner that they have HIV. It is helpful to make a plan for how and when you will tell your partner.
- Think about how you would like to be told, if your partner was disclosing to you.
- Choose a day and a time when you and your partner will have time to talk.
- You also want to pick a time when your partner is not stressed or angry, and has not been drinking alcohol.
- Pick a private place where you feel comfortable and safe. You may want to have someone in the next room to help and support you, if needed.

Anticipate Reactions:

- Think about how your partner may react. Your partner may:
  - Offer you support or comfort you
  - Not believe it's true
  - Feel confused or sad
  - Feel angry
  - Accuse you of bringing HIV into the relationship or household
- Think about how you will respond to these reactions.
- What questions may your partner ask you? How will you answer these questions?

Start the Conversation:

- “I went to the clinic for a check-up the other day [or for xyz reason] and the doctor/nurse was encouraging people to get tested for HIV. So I got tested and learned that I have HIV. I wanted you to know so that you could also get an HIV test. There are medicine now for treating HIV that can help us live a long time.”
- “HIV is very common in our community. I decided to go for an HIV test. It turns out that I am HIV-positive. I already started on treatment. I think it is important that you also get tested for HIV so you can know your HIV status.”

Encourage Your Partner to Get Tested for HIV:

- Give your partner the Referral Slip
- Tell your partner that it is important they get tested for HIV. If they are HIV-positive, they can get medicines to treat their HIV. These medicines can save their life and reduce the chance they will pass HIV onto others.
- If they are HIV-negative, there are things they can do to help them remain negative like use condoms, take pre-exposure prophylaxis, or get circumcised (if they are male).
- Offer support because this is difficult news for someone to hear. “We can work on this together. I will support you.”
Practice First!

- Practice what you will say and do ahead of time. You can do that now with your health care provider or later by yourself in your home. This will help you feel comfortable on the day you actually tell your partner.
REFERRAL SLIP

Date: ____________________________

HIV is very common in our community. It is important that you come for an HIV test at [Name of health facility] so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.

HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening.
We hope you will come for an HIV test at your earliest convenience.

Please bring this referral slip with you.

Signature of Health Care Provider: ____________________________________________
If the client chooses *contract referral*:

- Follow the same steps as for *client referral*
  - Review the “Tips and Scripts for Telling Your Partner about Your HIV” and
  - Instruct clients to give the referral slip to their partner(s).
- Identify a date 30 days from today’s date and agree with the client that they will notify and refer their partner(s) for HIV testing by this date.
- Record the date on the **Partner Information Form**.
- Remind the client that if their partner(s) do not come for an HIV test by that date, you will call to get his or her permission to directly contact the partner(s).
- **After 30 days have passed**, call the index client and determine if the partner(s) have been tested.
- If not, obtain the client’s permission to contact the partner(s) and follow the methods for *provider referral*.
- If the client does not provide permission to contact their partner(s), record this outcome on the **Outcome of Partner Testing Services Form**.
If the client chooses *provider referral*:

- Begin contacting partner(s) via telephone using the “*Script for Partner Notification: Phone Call*”.
- Remember do not give any information to anyone other than the partner. Confirm the partner’s identity by asking them for their date of birth and home address.
- If the partner asks who might have exposed them to HIV, say “For confidentiality reasons, I am not allowed to provide that information”.
- Use the provided script for leaving voice mails and text messages.
- If you are unable to contact the partner after 3 phone attempts, conduct a home visit to the partner(s) at their physical address. Use the “*Script for Partner Notification: Home Visit*” for this initial contact with the partner(s).
- Document the outcomes of all attempts to contact the partner on the “*Outcome of Partner Testing Services Form*”.
Script for Partner Testing Services: Phone Call

Good day. My name is ______________________ and I am a counsellor/health care provider at _____________. Am I speaking with partner’s name ____________?

[IF NOT]: Is partner’s name ____________ available?
[If partner is not available]: Thanks. I’ll try back later.

[IF YES]: I have some important information for you. Is now a good time to talk?

[IF NO]: When would be a better time for me to call you?

[IF YES]: Before we begin, I just need to confirm that I am speaking with the right person. Can you please tell me your date of birth and home address?

If the person is unable or unwilling to confirm their date of birth and home address, ask them to come to the health facility for the information. Do not proceed with the notification until you can confirm their identity.

[After confirming date of birth and address]: “We have recently learned that you may have been exposed to HIV. It is important that you come to _____________. [Name of health facility] ____________ for an HIV test so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.

HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening. Alternatively, we can send a counsellor out to your home for an HIV test. Which option would you prefer?”
[FACILITY TEST]: What day would you like to come in for an HIV test?

[HOME TEST]: What date and time would you prefer for the counsellor to come to your home for an HIV test?
Script for Partner Testing Services: SMS Text Messages

Messages should be clear, concise, and professional.

Sample First Message

“Hello. My name is ________________ and I am with the (insert name of Health Department, Facility, or Community Organization). I have important information about your personal health. Please call me as soon as possible at XXX-XXX-XXXX.”

If the Person Does Not Respond to Your First Message within 24 Hours, Send a Second Message Urging the Person To Call You

“This is ________________ again with the (insert name of Health Department, Facility, or Community Organization). This is my second attempt to contact you. I have urgent health information for you. Please call me at XXX-XXX-XXXX.”

If the Person Does Not Respond to Either of Your First Two Messages a Final Text May Be Sent

Hello. This is ________________ . I have been trying to contact you about important health information. Please call me at XXX-XXX-XXXX. This is my last attempt to contact you.”

If the Person Responds with a Text Message Requesting You to Send More Information

“I am not able to give health information through a text message. This is urgent and needs your immediate attention. Please call me at XXX-XXX-XXXX.”
Good day. My name is ______________________ and I am a counsellor/health care provider at ______________________. I am trying to reach ______________________ with some important health information. My phone number is XXX-XXX-XXXX. I will also try back later. Thank you and good bye.
Script for Partner Testing Services: Home Visit

Good day. My name is _____________ and I am a counsellor/health care provider at __Facility Name________________. I am looking for __partner's name____________. Is he/she around?

[IF NOT]: Ok, thanks. Do you know when he or she will be back?

[Once the partner is in front of you]: Is there a private place that we can talk?

[Once you are in private area where others cannot overhear]: I have some important information for you. We have recently learned that you may have been exposed to HIV. It is important that you get tested for HIV so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.

I can test you for HIV right now. Or, if you prefer, you can go to __Name of health facility____ for an HIV test. HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening. Which option would you prefer?

[HOME TEST]: Provide pre-test counseling, informed consent, and post-test counseling according to national HTS guidelines.

[FACILITY TEST]: What day would you like to come to the health facility for an HIV test?
If the client chooses *dual referral*:

- Identify how the client would like to notify the partner: in the facility or in the home?
- If in the facility, schedule an appointment for the client to bring in their partner.
  - Give the invitation letter to the client to share with their partner, inviting the partner for health services at the facility
- If in the home, schedule a date when you will visit the client and his/her partner in their home.
Partner Invitation Letter

[INSERT LOGO OF MINISTRY/DEPARTMENT OF HEALTH HERE]

Date: ____________________________

Dear ____________________________,

At _____________, we are committed to ensuring all our community members have the information they need to lead healthy lives. We have some important health information to share with you. We would like to invite you and your partner to come to ________ on ________ at ________ so we can provide this information to you. All services are free of charge.

Thank you for your kind attention to this request and we look forward to seeing you.

Sincerely,

(Nurse in Charge/Hospital Administrator)
Step 6: Record Outcome of Partner Testing Services

• It is important to document the outcome of all partner testing attempts on the Outcome of Partner Testing Services Form.

• Record the type of partner testing services, date and method of contact attempts, and whether the partner was successfully contacted.

• If partner was contacted, document who notified the partner, and the outcome of the partner testing service (e.g. whether or not the partner tested for HIV).

• If the partner received an HIV test, document his or her HIV test result.

• If the partner tested HIV-positive, record whether he or she has been initiated on ART.
# Outcome of Partner Testing Services Form

## INDEX CLIENT INFORMATION

Name: __________________________
HTS/ART Clinic Number: __________________________
Gender: [ ] Male  [ ] Female  [ ] Transgender
Date of Birth: ____/____/____

## PARTNER 1

Gender: [ ] Male  [ ] Female  [ ] Transgender
Date of Birth: ____/____/____
Type of Partner Testing: [ ] Client  [ ] Provider  [ ] Contract  [ ] Dual
Date/Method of 1st Contact Attempt: __/____/____ Phone Home
Date/Method of 2nd Contact Attempt: __/____/____ Phone Home
Date/Method of 3rd Contact Attempt: __/____/____ Phone Home
Was partner contacted? [ ] Yes  [ ] No
If yes, who contacted partner? [ ] Provider [ ] Client + Provider
Outcome of Partner Testing Services:
[ ] Partner received an HIV test
[ ] Partner refused an HIV test
[ ] Partner known to be HIV-positive
[ ] Other:
Partner’s HIV status (if tested): [ ] HIV-positive  [ ] HIV-negative
Is the partner on ART (if HIV-positive)? [ ] Yes  [ ] No

## PARTNER 2

Gender: [ ] Male  [ ] Female  [ ] Transgender
Date of Birth: ____/____/____
Type of Partner Testing: [ ] Client  [ ] Provider  [ ] Contract  [ ] Dual
Date/Method of 1st Contact Attempt: __/____/____ Phone Home
Date/Method of 2nd Contact Attempt: __/____/____ Phone Home
Date/Method of 3rd Contact Attempt: __/____/____ Phone Home
Was partner contacted? [ ] Yes  [ ] No
If yes, who contacted partner? [ ] Provider [ ] Client + Provider
Outcome of Partner Testing Services:
[ ] Partner received an HIV test
[ ] Partner refused an HIV test
[ ] Partner known to be HIV-positive
[ ] Other:
Partner’s HIV status (if tested): [ ] HIV-positive  [ ] HIV-negative
Is the partner on ART (if HIV-positive)? [ ] Yes  [ ] No

## PARTNER 3

Gender: [ ] Male  [ ] Female  [ ] Transgender
Date of Birth: ____/____/____
Type of Partner Testing: [ ] Client  [ ] Provider  [ ] Contract  [ ] Dual
Date/Method of 1st Contact Attempt: __/____/____ Phone Home
Date/Method of 2nd Contact Attempt: __/____/____ Phone Home
Date/Method of 3rd Contact Attempt: __/____/____ Phone Home
Was partner contacted? [ ] Yes  [ ] No
If yes, who contacted partner? [ ] Provider [ ] Client + Provider
Outcome of Partner Testing Services:
[ ] Partner received an HIV test
[ ] Partner refused an HIV test
[ ] Partner known to be HIV-positive
[ ] Other:
Partner’s HIV status (if tested): [ ] HIV-positive  [ ] HIV-negative
Is the partner on ART (if HIV-positive)? [ ] Yes  [ ] No

*Complete additional forms if index client has more than 3 partners.*
Example of an Index Client Register

<table>
<thead>
<tr>
<th>Client Details</th>
<th>Prior HIV Test Status</th>
<th>HIV Testing Services Provided</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Date of Visit (dd/mm/yyyy)</td>
<td>Name of Index Client</td>
<td>Name of Partner/Child</td>
</tr>
<tr>
<td>(g)</td>
<td>(h)</td>
<td>(i)</td>
<td>(j)</td>
</tr>
</tbody>
</table>
Step 7: Provide appropriate services for seroconcordant/discordant partners or work to support disclosure

<table>
<thead>
<tr>
<th>Concordant Positive Couples</th>
<th>Sero-Discordant Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ART and adherence counseling</td>
<td>• ART and adherence counseling for positive partner</td>
</tr>
<tr>
<td>• PMTCT (if female is HIV-positive)</td>
<td>• PrEP for negative partner (until positive partner has achieved viral suppression)</td>
</tr>
<tr>
<td>• Risk reduction counselling and condom promotion</td>
<td>• Male circumcision (if male is HIV-negative)</td>
</tr>
<tr>
<td>• STI screening and treatment</td>
<td>• PMTCT (if female is HIV-positive)</td>
</tr>
<tr>
<td>• FP services, including pre-conception counseling</td>
<td>• Repeat HIV testing of negative partner</td>
</tr>
<tr>
<td></td>
<td>• Risk reduction counselling and condom promotion</td>
</tr>
<tr>
<td></td>
<td>• STI screening and treatment</td>
</tr>
<tr>
<td></td>
<td>• FP services, including pre-conception counseling</td>
</tr>
</tbody>
</table>
Testing the Children of Index Clients

- Without treatment, most children living with HIV will die by the time they are 5 years of age.
- ART initiation upon diagnosis can reduce mortality among HIV-infected infants by up to 75%.
- Thus, it is critically important to identify children who were exposed to HIV during pregnancy, delivery, or breastfeeding and ensure these children receive an HIV test.
- Index clients meeting the following criteria should be prioritized for family HIV testing:
  - All HIV-positive women with biologic children younger than 12 years of age
  - HIV-positive men who report that the child’s biological mother is HIV-positive, deceased, or her HIV status is unknown
Offering and Documenting HIV Testing for the Family Members of Index Cases

- Use the “Testing Form for HIV-Exposed Children” to elicit the names of children who may need an HIV Test.

- Offer HIV testing to all HIV-exposed children in need of an HIV test within the health facility or as part of community testing programs (e.g. home or mobile testing)

- Document the HIV status of all exposed children on the “Testing Form for HIV-Exposed Children”.
Testing Form for HIV-Exposed Children

INDEX CLIENT INFORMATION
Name: ____________________________________________________________
HTS/ART Clinic Number: ___________________________________________
Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: ______/_____/_____
No. of Children: ____________________________________________________

Child 1

Name: __________________________
Gender: ☐ Male ☐ Female
Date of Birth: ___/___/____
Child’s HIV Status:
☐ HIV-positive ☐ HIV-negative ☐ Unknown
If tested HIV-positive,
ART Start Date: ___/___/____
ART Client Number: __________________________

Child 2

Name: __________________________
Gender: ☐ Male ☐ Female
Date of Birth: ___/___/____
Child’s HIV Status:
☐ HIV-positive ☐ HIV-negative ☐ Unknown
If tested HIV-positive,
ART Start Date: ___/___/____
ART Client Number: __________________________

Child 3

Name: __________________________
Gender: ☐ Male ☐ Female
Date of Birth: ___/___/____
Child’s HIV Status:
☐ HIV-positive ☐ HIV-negative ☐ Unknown
If tested HIV-positive,
ART Start Date: ___/___/____
ART Client Number: __________________________

Child 4

Name: __________________________
Gender: ☐ Male ☐ Female
Date of Birth: ___/___/____
Child’s HIV Status:
☐ HIV-positive ☐ HIV-negative ☐ Unknown
If tested HIV-positive,
ART Start Date: ___/___/____
ART Client Number: __________________________

Instructions
• Complete this testing form for all biologic children of the index client. If the index patient has more than 4 children, complete additional forms as needed so that all children are recorded.
• If the index HIV patient is a child, complete the form for all the child’s siblings and biological parents.
• Children of male index clients do not need HIV testing unless their biological mother is HIV-positive, deceased, or her HIV status is unknown/not documented.
• This form should be reviewed and updated at least annually.
Suggested Indicators for Tracking Index Testing Services

• Number of index clients offered index testing services
• Number of index clients who accept index testing services
• Number of partners/children listed by index clients
• Number of partners/children successfully contacted (disaggregated by referral type: client, contract, provider, and dual)
• Number of partners/children known HIV-positive at the time of contact
• Number of partners/children receiving an HIV test after contact
• Number of partners/children diagnosed with HIV
• Number of HIV-positive partners/children linked to HIV treatment
• Number of HIV-negative partners linked to prevention (condoms, PrEP, VMMC)
Remember:

- Index testing should only include testing offered to sex partner(s) and biologic children of index cases.
- Testing provided to non-exposed household members or neighbors should NOT be reported under Index.
- It should be reported under “other community” or “VCT” if it occurs at the facility.
Other Resources


• CDC. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. Available at: https://www.cdc.gov/nchhstp/partners/docs/08_124108_Stuckey_QuickGuidelines_insides_121508_Update_WithCover-508C.pdf

• “You may have come into contact with...”: HIV Contact Tracing in Canada. Available at: http://www.catie.ca/en/pif/fall-2014/you-may-have-come-contact-hiv-contact-tracing-canada

• AIDSFREE Partner Notification Services Tools Website (forthcoming): https://aidsfree.usaid.gov/focus-areas/hiv-testing

• Please Share Your PN or HIV Partner Services materials.
Points of Contact

• WHO, Cheryl Johnson (johnsonc@who.int) and Shona Dalal (dalals@who.int)
• CDC, Amy Medley (igm8@cdc.gov)
• USAID, Vincent Wong (vwong@usaid.gov)
• DOD, Mike Grillo (michael.p.grillo2.civ@mail.mil)
Thank you! Any questions?